

**Professional Licensing Agency**  
402 West Washington Street  
Room W072  
Indianapolis, Indiana 46204



**Michael R. Pence**  
*Governor of Indiana*  
**Nicholas W. Rhoad**  
*IPLA Executive Director*

## Pharmacy Controlled Substance Registration Renewal Form

Your license expires 12/31/2013. You may renew online at [www.pla.in.gov](http://www.pla.in.gov) or complete and mail this form with the renewal fee of \$100 to the address in the top right corner. Make check or money order payable to 'Indiana Professional Licensing Agency'. If you answer 'Yes' to questions 1-4 below, please send a signed and notarized statement fully explaining the response plus any additional documentation by email to [pla4@pla.in.gov](mailto:pla4@pla.in.gov) or by fax to (317) 233-4236.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Enter Licensee Name	Enter License Number	Expiration Date 12/31/2013	Renewal Fee \$100.00
Street Address			
City	State	Zip Code	
Phone Number	Email Address		

### QUESTIONS

1. Since you last renewed have any of the agents of your facility been convicted of, pleaded guilty or nolo contendere to a violation of any federal, state or local law relating to the use, manufacturing, distribution or dispensing of controlled substances?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have any of the agents of your facility been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Since you last renewed have you had any action, discipline or revocation on a DEA registration or entered into a Memorandum of Understanding (MOU) on said registration?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Since you last renewed has the listed Pharmacist, or any of the agents of your facility, been treated for drug or alcohol abuse?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### LICENSEE AFFIRMATION

By signing below, I hereby attest that the information listed on this renewal application is true, complete and correct.	
Signature of Licensee	Date (month, day, year)

Visit us on the web at [www.pla.in.gov](http://www.pla.in.gov). If you have any questions for the Indiana Board of Pharmacy please email [pla4@pla.in.gov](mailto:pla4@pla.in.gov) or call 317-234-2067.

### FOR OFFICE USE ONLY

Renewal Fee	Receipt No.	Date
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